

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/22/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155764		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 04/26/2012	
NAME OF PROVIDER OR SUPPLIER SPRING MILL HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP CODE 101 W 87TH AVE MERRILLVILLE, IN 46410			
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F0000	<p>This visit was for the Post Survey Revisit (PSR) to the Investigation of Complaint IN00104877 completed on 03/09/12</p> <p>This visit was in conjunction with a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on 02/22/12</p> <p>This visit was in conjunction with a PSR</p>		F0000	<p>The submission of this plan of correction does not indicate an admission by Spring Mill Health Campus that the findings and allegations contained herein are accurate and true representations of the quality of care and services provided to the residents of Spring Mill Health Campus . This facility recognized its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for comprehensive health care facilities.(for Title 18/19 programs). To this end, this plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statue only.</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>to Investigation of Complaint IN00104470 completed on 02/29/12.</p> <p>This visit was in conjunction with the Investigation of Complaints IN00105519 and IN00106360.</p> <p>Complaint IN00104877 - not corrected</p> <p>Survey dates: April 18, 19, 20, 23, and 26, 2012</p> <p>Facility number: 010739 Provider number: 155764 AIM number: N/A</p> <p>Survey Team: Regina Sanders, RN, TC (April 18, 19, 20, 23, 2012) Kelly Sizemore, RN Marcia Mital, RN Sheila Sizemore, RN</p> <p>Census bed type: SNF: 46 Residential: 70 Total: 116</p> <p>Census Payor type: Medicare: 39 Other: 77 Total: 116</p> <p>Sample: 7</p>						

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	<p>Supplemental sample: 11</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 5/04/12 by Suzanne Williams, RN</p>						

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F0282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on observation, record review and interview, the facility failed to ensure residents received medications as ordered by the physician for 2 of 7 residents reviewed for following physician's orders in a total sample of 7. (Residents C and G)</p> <p>Findings include:</p> <p>1. Resident G's record was reviewed on 4/19/12 at 9:15 a.m. Resident G's diagnoses included, but were not limited to, hypertension, post left shoulder joint replacement, and anxiety.</p> <p>Resident G's admission physician's orders, dated 2/4/12, indicated an order for Carafate (a stomach medication) 1 gram tablet four times a day.</p> <p>A physician's order, dated 2/4/12, indicated "May give Norco (a pain medication) 7.5/500 mg (milligrams) po (orally) Q (every) 4 hours when Norco 7.5/325 is unavailable."</p> <p>The 2010 Nursing Spectrum Drug Book,</p>		F0282	<p>1. Resident's G and C medication records were reviewed and order clarifications were obtained. No adverse findings were noted. 2. An audit of residents' medication records were reviewed. No other residents were affected by this practice. 3. Licensed nurses were re-inserviced on administration of medication in accordance with the physician order, Medication Administration Times Procedures, and documentation required related to medication administration. Medication Pass observations and competencies were completed with nurses. 4. The Director Clinical Health Services/designee will conduct audits of residents' daily physicians orders and MARs five times weekly to assure administration of medication in accordance with Medication Administration Times Procedures, and documentation required related to medication is complete. Follow-up random medication pass observation will be scheduled with nurses. This observation pass will include all shifts three times per week. DHS /designee will report findings to QA&A monthly for six months. 5.</p>		05/16/2012	

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	<p>indicated Carafate should be administered one hour before meals and at bedtime.</p> <p>The resident's MAR (medication administration record), dated 2/12, indicated the Carafate was administered at 6 a.m., lunch, dinner, and bedtime. This had been marked through and "rewritten" had been hand written on 2/10/12 after the 6 a.m. dose had been initialed as administered. The resident had received the Carafate on 2/5/12 through 2/9/12 at lunch and supper instead of an hour before the meals.</p> <p>The resident's MAR, dated 2/12, indicated as of 2/10/12, Carafate 1 gram tablet po QID (four times a day) was given at 6 a.m., 11 a.m., 4 p.m., and 9 p.m. (before meals).</p> <p>The resident's controlled drug records, indicated the resident's Norco 7.5/325 milligrams had been received from the pharmacy on 2/5/12, 2/13/12 and 2/22/12. The Norco 7.5/500 milligrams was administered to the resident on 2/6/12 at 12:00 a.m., 2/6/12 at 6 a.m., 2/6/12 at 7 p.m., 2/7/12 at 4 a.m., 2/8/12 at 6 p.m., 2/9/12 at 2:30 a.m., 2/10/12 at 8 a.m., 2/10/12 at 2:15 p.m., 2/11/12 at 10:45 a.m., 2/17/12 at 9:30 p.m., 2/18/12 at 2:30 a.m., 2/20/12 at 8:30 p.m., and 2/21/12 at 7:30 p.m.</p>			<p>QA&A will monitor monthly for 6 months. QA&A will monitor for any trends and make recommendations to Plan of Correction and will expand audits until 100% compliance is achieved.</p>			

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	<p>During an interview on 4/19/12 at 2:20 p.m., the Corporate Nurse Consultant indicated the nurses should not have given the Norco 7.5/500 milligrams after the Norco 7.5/325 milligrams was delivered from the pharmacy on 2/5/12. She indicated the Carafate should have been given before meals.</p> <p>2. During an observation on 04/18/12 at 10:25 a.m., Resident #C was sitting in her room and eating breakfast.</p> <p>Resident #C's record was reviewed on 04/19/12 at 10:45 a.m. The resident's diagnoses included, but were not limited to, dementia, arthritis, and gastroesophageal reflux disease (GERD).</p> <p>A physician's order, dated 04/10/12, indicated, Prevacid (stomach medication) 30 mg (milligrams), one tablet before breakfast.</p> <p>A physician's order, dated 04/11/12, indicated, tramadol (pain medication) 50 mg three times a day before meals.</p> <p>The MAR, dated 04/12, indicated the Prevacid was scheduled to be given, "before breakfast". The MAR indicated the Prevacid was given April 11, 12, 13, 2012 at 9 a.m. and April 14, 15, and 19,</p>						

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	<p>2012 at 10 a.m., and April 16, 17, and 18, 2012 at 8-8:30 a.m.</p> <p>The MAR, dated 04/12, indicated the tramadol was scheduled to be given "before breakfast, before lunch, and before dinner". The MAR indicated the tramadol was given at 10:30 a.m. on 04/18/12 and 10 a.m. on 04/19/12. The MAR then indicated the resident received the tramadol before lunch and before dinner, with no times documented when the medication was given.</p> <p>The meal service schedule, received from the facility, indicated breakfast is from 7 a.m. to 10 a.m., lunch is at 12:15 p.m. and dinner is at 5:15 p.m.</p> <p>During an interview on 04/19/12 at 10:55 a.m., RN #12 indicated Resident #C usually sleeps in until 9 a.m. or 10 a.m. She indicated if the morning medication is given late, she usually tries to give the lunch medication later. She indicated the resident usually eats lunch at 1 p.m. and indicated the tramadol is given close together if given late.</p> <p>During an interview on 04/19/12 at 11 a.m., RN #12 indicated the resident had already been eating breakfast when the tramadol and Prevacid had been given on 04/18/12 and 04/19/12.</p>						

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	<p>An undated policy, titled, "Medication Administration Times Procedural Guidelines", received from the Corporate Nurse Consultant on 04/20/12 at 11:25 a.m., indicated, "...Medications that have been ordered at specific time shall be administered at the time designated by the attending physician..."</p> <p>This deficiency was cited on 02/22/12 and 03/09/12. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>This Federal tag relates to Complaint IN00104877.</p> <p>3.1-35(g)(2)</p>						

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F0312 SS=E	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>Based on record review and interview, the facility failed to ensure residents who required assistance with bathing received assistance, for 5 of 7 residents reviewed for receiving assistance with bathing in a total sample of 7. (Residents #D, #E, #G, #H, #I)</p> <p>Findings include:</p>		F0312	<p>1. Residents D, E, G, H, and I shower schedule were reviewed and on adverse effects were noted. 2. An audit of residents' shower records were reviewed. No other residents were affected by this practice. 3. Nursing staff were re-inserviced on residents and completion of showers as requested. 4. The DHS/designee will conduct audits of residents' daily shower preference and documentation 5 times weekly to assure showers are completed. DHS will report findings monthly to QA&A for six months. 5. QA&A will monitor monthly for 6 months. QA&A will monitor for any trends and make recommendations to Plan of Correction and will expand audits until 100% compliance is achieved.</p>		05/16/2012	

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	<p>1. During an interview on 04/18/12 at 12:05 p.m., Resident #D indicated she cannot get a shower due to her cast. She indicated the staff do not have time to help her get washed up. She indicated they always say they have someone else to do so she does not get her bedbaths as scheduled.</p> <p>Resident #D's record was reviewed on 04/18/12 at 12:48 p.m. The resident's diagnoses included, but were not limited to, fracture of the right shoulder and wrist and chronic back pain. The resident was admitted into the facility on 03/08/12.</p> <p>The resident's Admission/5 Day Minimum Data Set (MDS) Assessment, dated 03/15/12, indicated the resident was cognitively intact and required limited assistance with transfers, hygiene, and bathing.</p> <p>The shower schedule, received as current from the MDS Nurse on 04/18/12 at 2:30 p.m., indicated the resident should receive a shower/bedbath on Tuesday and Friday evenings.</p> <p>Review of the resident's bathing chart, dated 03/08/12 through 04/18/12, indicated a bedbath was given on March 15 (seven days without a bedbath) and 16,</p>						

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	<p>2012 and April 1 (11 days without a bedbath), 3, 13 (10 days without a bedbath), and 15, 2012.</p> <p>A shower sheet indicated the resident received a sponge bath with hair wash on 03/20/12.</p> <p>2. Resident G's record was reviewed on 4/19/12 at 9:15 a.m. Resident G's diagnoses included, but were not limited to, hypertension, post left shoulder joint replacement, and anxiety.</p> <p>Resident G was admitted to the facility on 2/4/12.</p> <p>An Admission MDS Assessment, dated 2/11/12, indicated the resident had no cognitive impairment and required extensive assistance of one staff member for bathing.</p> <p>A care plan, dated 2/22/12, indicated "ADL (activities of daily living) self care deficit...bathing..."</p> <p>The resident's bathing chart indicated the resident had received a shower on 2/10/12, 2/17/12, and 2/25/12.</p> <p>During an interview on 4/18/12 at 2:25 p.m., resident G indicated she did not get showers when she was at the facility.</p>						

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	<p>During an interview on 4/20/12 at 10:17 a.m., the Corporate Nurse Consultant indicated she was not able to find where the resident had received any other showers.</p> <p>3. Resident H's record was reviewed on 4/18/12 at 1 p.m. Resident H's diagnoses included, but were not limited to, fractured left hip, hypertension, and arthritis. The resident had been admitted to the facility on 3/30/12.</p> <p>An Admission MDS Assessment, dated 4/6/12, indicated the resident had severe cognitive impairment and required extensive assistance of one staff member for bathing.</p> <p>Review of Health Care 1's shower schedule, provided by the MDS Coordinator on 4/18/12 as current, indicated resident H should receive showers on the day shift on Mondays, Wednesdays, and Fridays.</p> <p>The resident's bathing chart and shower sheets indicated the resident received showers on 4/4/12, 4/6/12, 4/11/12, 4/13/12, and 4/16/12.</p> <p>There was a lack of documentation to indicate the resident had received showers</p>						

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	<p>on 4/2/12 and 4/9/12 as scheduled.</p> <p>During an interview on 4/20/12 at 7:50 a.m., the Corporate Nurse Consultant indicated a resident should not wait 5 days after being admitted for a shower. She indicated she was still looking for more shower sheets.</p> <p>4. Resident E's record was reviewed on 4/19/12 at 3:00 p.m. Resident E's diagnoses included, but were not limited to, dementia, hypertension, and diabetes mellitus. The resident had been readmitted to the facility on 2/29/12</p> <p>An Admission MDS Assessment, dated 2/12/12, indicated the resident had severe cognitive impairment and required extensive assistance of one staff member for bathing.</p> <p>A care plan, dated 2/13/12, indicated "ADL self-care deficit...needs assistance or is dependent..."</p> <p>Review of Health Care 1's shower schedule, provided by the MDS coordinator on 4/18/12 as current, indicated Resident E should receive showers on the day shift on Wednesdays and Saturdays.</p> <p>The resident's bathing chart and shower</p>						

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	<p>sheets indicated the resident had received showers on 3/7/12, 3/29/12, 4/11/12, 4/14/12, 4/14/12, and 4/18/12. The resident's shower sheet indicated she received a bed bath on 3/19/12.</p> <p>There was no documentation to indicate the resident had received a shower on 3/3/12, 3/10/12, 3/14/12, 3/17/12, 3/21/12, 3/24/12, 3/28/12/ and 3/31/12.</p> <p>During an interview on 4/20/12 at 10:52 a.m., the Corporate Nurse Consultant indicated she was not able to find any other information for showers for the resident.</p> <p>5. During the Group Meeting with the residents on 4/18/12 beginning at 1:30 p.m., Resident I indicated she had been in the facility three weeks and had only received 2 showers.</p> <p>Resident I's record was reviewed on 4/19/12 at 2:22 p.m. Resident I's diagnoses included, but were not limited to, fractured ribs, arthritis, and hypertension. The resident was admitted on 3/12/12.</p> <p>Resident I's Admission MDS assessment, dated 3/19/12, indicated Resident I is alert and oriented. The MDS assessment indicated the resident required extensive</p>						

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	<p>one staff assist for transfers and bathing.</p> <p>Resident I's shower sheets indicated the resident received her first shower on 3/27/12. This was 15 days after she was admitted on 3/12/12.</p> <p>The resident's "Bathing Type Chart" indicated the resident received her first shower on 4/3/12.</p> <p>The 4/3/12 shower sheet indicated the resident received a bed bath because she had refused a shower.</p> <p>The resident "Bathing Type Chart" indicated the resident received her next shower on 4/5/12. The resident did not receive another shower until 4/11/12. This was 6 days after her last shower. There was no further documentation on the resident's "Bathing Type Chart."</p> <p>The resident's shower sheets indicated the resident had not received a shower on 4/9/12. The word "no" was handwritten on the shower sheet.</p> <p>The resident's shower sheets indicated the resident's last shower was 4/16/12.</p> <p>During an interview on 4/19/12 at 3:14 p.m., RN #12 indicated she could not find anything more on the resident's showers.</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155764		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/26/2012	
NAME OF PROVIDER OR SUPPLIER SPRING MILL HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP CODE 101 W 87TH AVE MERRILLVILLE, IN 46410			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>During an interview on 4/19/12 at 3:06 p.m., Medical Records indicated she could not find anymore shower sheets for Resident I.</p> <p>An undated facility policy, received from the Nurse Consultant on 4/23/12 at 11:10 a.m., indicated "...6. Bathing shall occur at least twice a week unless the resident preference states otherwise...."</p> <p>This deficiency was cited on 3/9/12. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>This Federal tag relates to Complaint IN00104877.</p> <p>3.1-38(b)(2)</p>						